

State of Idaho
AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

DECEDENT		* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)				2. SEX	3. SOCIAL SECURITY NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)		
	INSTRUCTIONS FOR COMPLETING PAPER DEATH CERTIFICATES * At a minimum, complete items 1; 14; 16; 17a; 17b; 19a or 19b; 20; 21; 22; 23; and 39d for the 24-Hour Report and Authorization for Final Disposition						
	24-HOUR REPORT OF DEATH <i>If Certificate of Death is completed electronically, a paper 24-Hour Report does not need to be filed</i> In all other cases, a Report of Death must be mailed to (or otherwise filed with) the Local Registrar of the district in which death occurred within 24 hours after taking possession of the body.						
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	CERTIFICATE OF DEATH A completed death certificate must be filed with the Local Registrar where death occurred within five (5) days from the date of death.						
	13a. INFORMANT'S NAME (Type or print)			13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
	DISPOSITION						
	* 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				* 17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PLACE OF DEATH						
* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____							
* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____							
* 20. FACILITY NAME (If not facility, give street and number)			* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		* 22. COUNTY OF DEATH		
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)							
DATE OF DEATH							
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1. For all cases except cremation, out-of-state transport, or coroner's case, only the mortician's signature is necessary for final disposition.							
2. If the body is to be transported out-of-state, is a coroner's case, or is to be cremated (also see #3), the death certificate and this authorization must be signed by the person responsible for certifying to the cause of death.							
3. If the body is to be cremated, the coroner must give additional authorization on the <u>Final Disposition form only</u> .							
Transporting, accepting for transport, interring, or otherwise disposing of a dead body or stillborn fetus without obtaining all necessary signatures required by law is a misdemeanor punishable by a fine of not more than one thousand dollars (\$1,000) or imprisonment of not more than one (1) year, or both. [In accordance with §39-273(b)(3), Idaho Code]							
To Crematory Manager: Do not cremate the body without the coroner's signature on this form.							
CORONER'S AUTHORIZATION FOR CREMATION							
Signature ▶					DATE SIGNED MM / DD / YYYY		
I, the Mortician or person acting as mortician, have obtained the authorizations/signatures required in §39-268, Idaho Code, for Authorization for Final Disposition							
Mortician or person acting as mortician (Signature)					Person receiving the remains if transferred out-of-state (Signature)		
CERTIFIER'S AUTHORIZATION FOR FINAL DISPOSITION							
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE							
<input type="checkbox"/> CORONER							
Signature and Title of Certifier ▶					39b. LICENSE NUMBER		
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)					39c. DATE SIGNED MM / DD / YYYY		

THIS FORM MUST ACCOMPANY THE BODY TO FINAL DISPOSITION, INCLUDING TRANSPORTATION, STORAGE, INTERMENT, AND CREMATION

CERTIFIER'S AUTHORIZATION FOR DISPOSAL

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE